USM-285 is a 5-part form. Fili out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Signature of Autoney other Oftenator requesting service on behalf of:    Service Fee   Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount owed to 1.5. Marshal or Deputy	PLAINTIFF	
SERVE SERVE AND PROCESS SERVE AND PROPERTY OF SERVE OF DESCRIPTION OF PROPERTY OF SERVE AND ADDRESS Gives or ARTP, Agarminor No., City, State and 21P Code)  1 Police Plaza, Room 1406, New York, NY 10038  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of parties to be served with this Form 285  534 W. 187th Street  534 W. 187th Street  Agt. #7  New York, NY 10033  Check for service on U.S. A.  New York, NY 10033  Check for service on U.S. A.  New York, NY 10033  Check for service on U.S. A.  Signature of Autoflex/Abbr C flightness and Alternate Addresses.  Signature of Autoflex/Abbr C flightness and Estimated Times. Available for Service):  **Second Color of Autoflex Abbr C flightness and Alternate Addresses.  Signature of Autoflex Abbr C flightness and Estimated Times. Available for Service):  **Second Color of Autoflex Abbr C flightness and Alternate Addresses.  Signature of Autoflex Abbr C flightness and Alternate Addresses.  **Signature of Autoflex Abbr C flightness and Alternate Addresses.  Signature of Autoflex Abbr C flightness and Alternate Addresses.  **Signature of Autoflex Abbr C flightness and Alternate Addresses.  **Signature of Autoflex Abbr C flightness and Alternate Addresses.  **Signature of Autoflex Business and Al		COURT CASE NUMBER 15-cv-05871-KPF
SERVE AT Detective Linds Simmons ADDRESS Giver or NPD, Aparimen No. City, State and ZIP Code) 1 Police Plaza, Room 1406, New York, NY 10038 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  PRO SE: Kelly Price 344 W. 187th Street Apt. 4.7 NK, NY 10033  Check for service Apt. 4.7 NK, NY 10033  Check for service On U.S.A.  New York, NY 10033  Check for service On U.S.A.  Signature of Autopacy Other Clarkment requesting service on behalf of  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Number of process to be served in this case  Signature of Autopacy Other Clarkment and Attenute Addresser.  Signature of Autopacy Other U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated.  Solve only to Signature of Autopacy Other U.S. Marshal or Deputy or Clarkment and I am unable to locate the individual, company, corporation, etc. named above (See remarks below)  Annea and tide of individual several (if not shown above)  Sorvice Fee  Into Milesge Charges Into Addresser.  Advance Deposits  Annount of Refund*  Time  Addresser.  Sol.00  Sol.0	*	TYPE OF PROCESS
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3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

15-581 (-D \square\) Form USM-285
Rev. 12/80